



MEDICAL BOARD OF CALIFORNIA  
BOARD OF PODIATRIC MEDICINE  
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## INFORMATION FOR STUDENTS

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Vice President, Federation of Podiatric Medical Boards

Doctors are licensed on a state-by-state basis by state government medical boards. These are state agencies, not entities of the profession. Requirements are generally similar from state to state, but there are differences. Go to the source for any state you may want to practice in. The APMA Desk Reference lists phone numbers and addresses for every state board. The American Podiatric Medical Students Association publishes summaries of the state laws. At the California BPM, our licensing coordinator is **Ms. Jackie Van Buskirk**, who can be reached at her direct line of 916-263-2649. California licensing information is available online from [www.dca.ca.gov/bpm](http://www.dca.ca.gov/bpm) and is sent in the mail to new applicants.

**The California Board:** 4 DPMs and one layperson appointed by Governor, 2 laypeople by Legislature. The board members are policy makers in their governance role and form the jury for enforcement cases under the State Administrative Procedure Act (APA). So for all licensing questions, call the staff. Never talk to the board members about enforcement. Usually three public board meetings each year. Next: Nov. 5 in Los Angeles, preceding the Nov. 6 state licensing oral exam.

**Mission:** California law states: "Boards are established to protect the people of California." Contrast with mission of APMA, which is basically to advance the profession.

**Specific authorities in law:** (1) set standards for & approve colleges, residency programs, (2) license DPMs, (3) restrict/revoke licenses as indicated to uphold the State Medical Practice Act.

**Staff and funding:** Executive officer & 4 civil servants--licensing & exam coordinator, enforcement coordinator, senior analyst, and office manager. We use Medical Board staff for working individual complaints and investigations, Departmental administrative support services, deputy attorneys general (DAGs) for prosecuting attorneys, and the state's cadre of independent Administrative Law Judges (ALJs) for disciplinary hearings. BPM funding is almost 100% from licensing fees, with the remaining coming from cost recovery awards and fines from enforcement actions. Income is deposited into our special BPM fund (savings account) from which the Legislature appropriates our under-\$1-million budget annually (checking account).

**Licensing:** Single application package for: (1) "limited" license for residency training, (2) the state oral clinical exam, and (3) DPM license. Senior students should submit application as soon as they believe they will be doing a residency in California. Packets available from BPM upon request. BPM will issue limited licenses only to graduates from approved colleges who have passed parts I and II of the National Boards, have cleared state finger print checks, and are accepted into BPM-approved residencies. You must possess this limited license *prior to any participation in a residency*. FBI finger print clearances are required prior to regular licensing.

***"Boards are established to protect the people of California."  
Section 101.6, B&P Code***

**Residencies:** CA law requires one year, in a BPM-approved program. Training license still required for 2nd-year residents, even if they have full DPM license, because: Practice under a DPM license is restricted to the scope of podiatric medicine. With a “limited” license, a resident may participate in training rotations beyond the scope of podiatric medicine under appropriate supervision for a given one-year period in a specific program. BPM-sponsored legislation extended the maximum training license period from 2 to 4 years, but residents must still obtain regular license within 2 years from when begin postgraduate training.

**State oral clinical exam:** Required by CA in lieu of part III of National Boards (PMLexis). Details and guidance in our application packet. Offered in May (San Francisco) and November (Los Angeles). 76% pass rate since 1984. **Rumors/myths:** this is a “surgical” exam, is designed “to keep people out” of California. **Fact:** Tests for *entry-level competence in podiatric medicine and surgery*, i.e., do you know how to work up and treat patients, and recognize & respond to medical emergencies. Can you do an H&P? The five case studies, presented in the 65-minute exam, will include surgery but are not looking for American Board of Podiatric Surgery (ABPS) level expertise. You do not pass or fail the individual questions (cases) but are graded on 10 critical factors covered in each.

**Scope of practice:** In California as most others states, this is the independent practice of medicine on the foot and ankle. Still prohibited: total amputations of the foot and the administering of general anesthesia.

**Renewal requirements:** \$800 every 2 years. Bill on Governor’s desk to raise this temporarily (during 2000-2001) to \$900. Self-certification under penalty of perjury for: (1) 50 hours of approved CME, (2) current CPR certificate, and (3) compliance with one of seven pathways to demonstrate continuing competence. Oral clinical exam and/or residency completion cover you for continuing competence for the first 10 years. Health facility privileges or board certification status will cover you after that. Residency covers CME requirement for the first renewal.

**Unlicensed practice:** Training/practicing without a license is a criminal misdemeanor. Get licensed, not busted.

**Administrative discipline process:** Complaints 6 Investigation 6 Referral to Attorney General 6 Accusation (public document) 6 Public hearing before an ALJ 6 Proposed decision or stipulated agreement sent to the seven BPM Board members for adoption or amendment.

Quality-of-care cases are reviewed by BPM-approved DPMs working as consultants and experts. If they find violations and the Medical Board investigator recommends referral to the AG for preparation of an Accusation, it goes. BPM uses the system, i.e., follows standard operating procedures. Doctors are prosecuted for breaking the law, regardless of how good or bad, popular or unpopular or well or un-connected they may be. People are prosecuted for violating the law, not for being obnoxious, sleazy, or disreputable.

**Unprofessional conduct:** The Medical Board and BPM have authority over what the Medical Practice Act defines as Unprofessional conduct.≡ This includes but is not limited to: repeated acts of simple negligence (multiple departures from the standard of care), gross negligence (one or more extreme departures), incompetence, dishonesty, fraud, conviction of a crime, unlawful drug use or prescribing, and sexual misconduct with patients. Legislature has not given Medical Board jurisdiction over rudeness, fees, billing disputes, greed, and bad moral character. BPM does hold licensees accountable for behavior complying with AMA and APMA Codes of Ethics.

**Typical disciplinary terms:** Revocation stayed, 5-years probation, 3-month suspension from practice, monitoring by BPM medical consultant and Medical Board probation officer, extra CME, retake state oral exam, cost recovery. “PACE” program (physician assessment and clinical education) at UC San Diego School of Medicine is a recent addition to BPM probationary terms.

**Interstate data banks:** BPM reports discipline to the Federation of Podiatric Medical Boards bank as well as the National Practitioner Data Bank run by the feds (USDHHS).